

## Book reviews

### Inside the ethical expert: problem solving in applied ethics

Theo van Willigenburg, 277 pages, the Netherlands, 1991, Kampen, Kok, £16.85

Inside the ethical expert, according to Theo van Willigenburg, is a rational individual willing to make difficult practical decisions. He or she recognises the complexity of situations in medicine or health-care and is reluctant to resort to familiar ethical orthodoxies, whether utilitarian or relativist.

The task, then, is first to clarify and analyse the situation; then weigh the various duties and responsibilities involved, finally reaching a practical moral decision. Willigenburg compares the ethical expert to the player in chess or to the language-translator. A kind of computational rationality is appropriate in which rules are applied, but flexibly. There is a pattern, but the evaluation of any particular case is a multi-dimensional undertaking in which principles play a part rather like the strategic rules of chess or grammar. The principles involved here, however, are to be seen as abstractions from particular cases – summaries of experience in which, in the end, the particular takes precedence over the general.

Willigenburg is extremely clear about what philosophical ethics can and cannot do – that it is not an empirical enquiry – but he is interested in the attempts that have been made to create artificial intelligence systems capable of solving ethical dilemmas. These result, however, in a hierarchical or 'engineering' model which Willigenburg believes to be less promising than the kind of 'reflective

equilibrium' approach used by Rawls and others.

In some areas – construction plans for bridges, flight-paths for aircraft – computers do better than humans. In others – language-learning, for example – they cannot get to the level of the average human child. Is ethics more like the latter case or more like the former? Unlike the computer case, Willigenburg believes, the human approach is a process of conjectures and adjustments, of gradually weaving a complete moral story for a given particular case. The idea is one of mentally trying out various interpretative patterns until one is found that fits the case.

Applied ethics, then, is, according to Willigenburg, a rational pursuit involving both a clear methodology and the explicit giving of reasons. Its endpoint is the giving of good expert advice. Willigenburg does not make the mistake of saying that applied ethics is *easy*. Nor does he suggest that the applied ethicist *knows* better than the ordinary person, only that he or she is better equipped to deal with the issues. Willigenburg is critical of much current work in applied ethics since it tends to be neutral and relativistic. He cites one typical contribution which advises: 'Consider the case and options in the light of ethical theories.' In reacting against the singular emptiness of this method, Willigenburg is doing something extremely valuable for the cause of applied ethics. For always, the important question is what to *do*, not how to solve the academic hypothetical: what *would* one do if one were a utilitarian, a Kantian, etc?

*Inside the Ethical Expert* is a rich complex discussion, not only of applied ethics, but also of many issues in theoretical ethics, all of which are dealt with in an insightful manner. It is a book to be widely commended for those interested in developing a coherent and constructive approach in

the important field of medical and health ethics.

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### Biomedical politics

Edited by Kathi Hanna, 352 pages, Washington, DC, USA, 1991, National Academy Press, £25.95

The articles in Kathi Hanna's collection report and comment on recent scientific and political developments in the USA regarding six issues in medical ethics. These issues are summed up by the following questions: 1) Does the urgency of the AIDS crisis justify doctors and legislators in permitting AIDS patients to use drug therapies which have not been adequately tested? 2) Does the availability of the abortifacient pill RU-486 create a different moral or social situation from that which obtains regarding other forms of abortion and contraception? 3) How should politicians compare the rights to be funded of two scientific projects, one of which has great long-term potential but yields no immediate benefit, while the other yields great immediate benefit but has no long-term potential? 4) State resources are finite, but people's medical needs are indefinitely extendable; so can there be any fair way of limiting what medical aid the state will provide, other than saying that the state will provide none? 5) What guidelines should or can cover the use of tissue from aborted fetuses in medical research? 6) Are scientists capable of making enforceable agreements to eschew lines of research which lead in ethically ominous directions? If they are not, should governments, or should anyone else, enforce such scientific moratoriums?